

City of Jacksonville, Florida
Request for Budget Transfer Form

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Exhibit 1
Page 1 of 2

Finance & Administration - Risk Management
Department or Area Responsible for Contract / Compliance / Oversight

Council District(s)

Reversion of Funds: _____
(if applicable) Sub fund / Index code / Sub object / Project Prj-Dtl / Grant Grt-Dtl

Fiscal Yr(s) of carry over (all-years funds do not require a carryover)

Section of Code Being Waived (if applicable): _____

CIP (yes or no): No

Justification for Waiver

Justification for / Description of Transfer:

To increase FY 2019 budget for AFRM581AD - Risk Mgmt. Admin. for sub object 03109 - Professional Services by **\$263,060**.
 1. Origami Contract, 1st year - 9 mos. (Oct., 2018 to June30, 2019, budgeted for only 6 mos.) \$106,690; (\$35,563.34/ mo);
 2. Origami 2nd year renewal - 3 mos. (July 1 to Sept 30, 2019 no budget allocated) \$74,370 (\$24,790/mo);
 3. MarshClearsight Contract - 2 mos. extension (budgeted for only 6 mos.) due to transition, \$82,000 (41,000/month))
 To increase FY 2019 budget for AFRM581MI - Misc. Insured Programs for Sub object 04519 - Premium Paid-Property by **\$ 50,000**. for Art Appraisals.
 Total budget increases of **\$313,060.00**. Budgeted amount is lower than the actual expenses.

Total Amount Appropriated: \$313,060.00

CITY COUNCIL

Requesting Council Member: _____
 Requesting Council Member: _____
 Prepared By: _____

CM's District: _____
 CM's District: _____
 Ordinance: _____

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

TD / BT Number: BT 19-076

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head	3/14/19	3/14/19	<i>[Signature]</i>	
Mayor's Office	MAR 11 2019		<i>[Signature]</i>	
Accounting Division	3/11/19	3/14	<i>[Signature]</i>	
Budget Division	3-6-19		<i>[Signature]</i>	

Date of Action By Mayor: MAR 11 2019

Approved: *[Signature]*

Division Chief: Twane Duckworth *[Signature]*

Date Initiated: 3/6/19

Prepared By: Bibinia Centeno *[Signature]*

Phone Number: 630-7901

Initiated / Requested By (if other than Department): _____

**APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE**
MAR 11 2019
DATE

RECEIVED
GENERAL ACCOUNTING

2019 MAR 11 PM 3:17

[Faint handwritten notes, possibly including "Budget Division" and "MAR 11 2019"]

RECEIVED
MAR - 6 2019
BUDGET DIVISION

[Handwritten signature or initials]

Budget Transfer Line Item Detail

TRANSFER FROM: (Revenue line items in this area are being appropriated and expense line items are being de-appropriated.)

Total: \$313,060.00

Accounting Codes

Rev Exp	SF ID	Subfund Title	Activity / Grant Title	Line Item / Subobject Title	Amount	Indexcode	Subobject	Project	Prj-Dtl	Grant	Grt-Dtl	User Code
Rev	581	INSURED PROGRAMS	INSURED PROGRAMS	NC_Transfers Fr. Retained Earnings	\$313,060.00	JXSF581	38902					

TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

Total: \$313,060.00

Accounting Codes

Rev Exp	SF ID	Subfund Title	Activity / Grant Title	Line Item / Subobject Title	Amount	Indexcode	Subobject	Project	Prj-Dtl	Grant	Grt-Dtl	Grt-Dtl
EXP	581	INSURED PROGRAMS	RISK MANAGEMENT ADMINISTRATION	PROFESSIONAL SERVICES	\$263,060.00	AFRM581AD	03109					
EXP	581	INSURED PROGRAMS	MISCELLANEOUS INSURED PROGRAMS	PREMIUM PAID -PROPERTY	\$50,000.00	AFRM581MI	04519					